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CONFERENCE ON INFANT MORTALITY.

**A REPORT ON THE ENGLISH-SPEAKING CONFERENCE ON INFANT MORTALITY HELD
AT LONDON, ENGLAND, AUGUST 4-5, 1913.**

By J. W. KERR, Assistant Surgeon General, United States Public Health Service.

At the instance of the British National Association for the Prevention of Infant Mortality and for the Welfare of Infants, and under the patronage of the King and Queen, there was held an English-speaking conference on infant mortality in London August 4-5, 1913.

Practically every English-speaking country was represented by delegates and members, no less than 50 being present from the United States alone, the Federal Government of which was represented by Asst. Surg. Gen. J. W. Kerr, of the United States Public Health Service. The conference was organized by a British committee, assisted by an American committee, of which latter Dr. H. L. Coit, of Newark, N. J., was president, and Dr. Philip Van Ingen, of New York, secretary.

The president of the conference was the Right Hon. John Burns, president of the local government board. He presided at the opening session, welcomed the visiting delegates, and presented an address on the subject of infant mortality.

During this address the importance of cooperation of English-speaking peoples in conserving health was emphasized, because 300,000 persons who left the British Isles last year were destined mostly to America, Australia, and New Zealand, and because, on account of similarity of life, language, aims, and ideals, English-speaking peoples were all called to the common duty of seeing that their stock was good, that their children were clean and healthy, that their women were strong, and that their men were enduring.

The advantages of the country over the city as a place to rear children were commented upon, in urban communities children being denied the quiet, the rest, and the conditions essential for

the health of child life. As emphasizing the value of environment and care, he stated that clergymen and gardeners enjoyed the longest and on the whole the best and worthiest lives, and that doctors' babies died at the rate of only 40 per thousand, whereas in the case of artisans the rate was 100 to 130, in the case of miners 160, and in the case of unskilled workers 150 to 250.

Mr. Burns then cited communities in which the infant mortality rate was high and attributed it to existing social and economic conditions which make it necessary for mothers to work in factories when they should be at home. In his opinion, for at least four months before the child was born and longer after the child was born "mothers should be mothers and not machines." Further, motherhood, the rearing of children, and the rearing of a happy race through the strong physique of fine boys and girls was the noblest of all callings, and the medical profession and others responsible were called upon to see that it was not made "the meanest of trades."

He stated that 40 per cent of the existing pauperism was due to widowhood and orphanhood, and the conference by its aims and endeavors would contribute to the wealth of the State. Furthermore, he referred to the extent of blindness and the venereal origin of from 30 to 50 per cent of it, and advised the conference to turn its attention also to diseases of maternity and paternity to the end that the prevalence of venereal diseases might be determined and their effects combatted. Finally, it was pointed out that however much wealth might grow and trade increase, these things were as nothing to English-speaking peoples unless they had clean and happy homes in which the mothers could live under suitable conditions.

The proceedings of the conference were conducted in two sections, administrative and medical, the former presided over by Dr. Arthur Newsholme and the latter by Sir George Newman. The first and second sections of the administrative section were devoted to consideration of the responsibility of central and local authorities in the matter of infant and child hygiene and the third session to the administrative control of milk supplies. As a result of the latter it was evident that conditions differ in America and the British Isles. In other words, there appears to be in America more danger of the transmission of typhoid fever and septic sore throat by reason of their greater prevalence and the greater amount of milk consumed.

In the British Isles, on the other hand, the importance of a cheap milk supply, as emphasized, appears to have a deterring influence on the taking of necessary steps to secure clean safe milk. From the discussions it would appear that in the past few years greater efforts have been made in the former country to secure clean milk supplies, due, probably, to the greater apparent need for such measures.

Various suggestions were made for the improvement of milk supplies, based on peculiar conditions in the several countries. For instance, Dr. J. M. Beattie, of Liverpool, with the view to controlling tuberculosis, advocated veterinary inspections of herds, maintenance of isolation farms by local authorities, payment of farmers for losses occasioned by isolation of cows subsequently proven nontuberculous, and inoculation tests by trained bacteriologists to detect infected milk. Dr. W. K. Savage, of Somerset, advised greater care at the farm, removal of administrative control of milk supplies from the hands of rural and small sanitary authorities, greater contribution on the part of urban populations toward the expense of administration, and education of both the producer and consumer as to the value and importance of clean milk. Dr. E. W. Hope, of Liverpool, referred to investigations which go to show that milk can be sterilized by electrical methods at less cost than by heating, and that its physical and chemical characters are not changed thereby.

Finally, the writer stated that in America dairy inspection was increasing, but on account of the danger of transference of infectious diseases the pasteurization of milk supplies under official supervision was a necessity.

In the administrative section also the need of close cooperation on the part of the central health authority with local authorities was emphasized by F. E. Freemantle,¹ medical officer of health for Hertfordshire. He stated that—

in England and Wales the county councils at present, in the matter of health, are independent of the central department, and have no responsibility for supervising the sanitary work of the districts.

He advocated greater centralization of public health work and a mobile corps with which to carry it on.

The efforts of one municipality, Liverpool, to protect its infant citizens were outlined by Caton.² These include notification of all births, visits by female inspectors at homes of the poor, and furnishing food both to mothers and infants where necessary. The improved housing of the working classes for which Liverpool is noted was also mentioned as an important factor in the reduction of infant mortality in that city, and the teaching of primary school girls regarding home management, the details of the nursery, and feeding of infants was also adverted to.

The remarkable cooperation between a municipality, a babies' dispensary, and a university in work for the prevention of infant mortality was outlined by Gerstenberger, of Cleveland, Ohio. While this work is aimed primarily at improving the welfare of infants,

¹ F. E. Freemantle, "The Responsibility of the Central Authorities in the Matter of Infant and Child Hygiene."

² Richard Caton, M. D., "Municipalities and Infant Life."

he stated that it does not neglect the older children, who also receive attention from the visiting nurses.

Forsyth, of London,¹ pointed out the necessity for the medical inspection of infants and children under school age, and described the organization and operation of a medical inspection center in the city of Westminster by a voluntary health society. As stated, the essence of the scheme is to keep every child under medical supervision from the time of its birth until the end of its fifth year, and then to hand it over, sound and hearty, to the school authorities, together with the medical record of the material facts in its life up to that time. Promising results were reported, which suggested an extension of the work to the end that the problem of the defective child might be met in time to solve it.

In the medical section the infant mortality problem was approached from many angles. The necessity of special education in infant hygiene was specially emphasized by Drs. L. E. La Fétra, of New York, and C. Paget La Page, of Manchester. The broader education of midwives and doctors was also referred to by others as necessary for the protection of infant life.

In a striking and thoughtful address Dr. Caroline Hedger, of Chicago, outlined the relation of the education of the girl to infant mortality, and invited attention to the fact that few schools show constructive ideas on the conservation of the girls' reproductive life. She urged a wide study of the influences of school life on the developing reproductive systems of girls, and advocated such modification of the present methods of education as is necessary to meet the needs of the growing girl and the future mother.

The importance of antenatal hygiene was referred to by others, and Dr. J. W. Ballantyne, of Edinburgh, pointed out that help, financial or otherwise, to the poor mother is often as sorely needed before as after the birth of the child. Dr. Philip Van Ingen described the campaign of antenatal hygiene being carried on in New York, and Dr. J. M. Munro Kerr, of Glasgow, suggested the compulsory notification of pregnancy to local authorities and the establishment of centers where advice and attention could be given which would lessen the death rate from complications of pregnancy and parturition.

Finally, the problems of infant feeding were discussed, the advantages of modified and dried milks being outlined.

A final general session of the conference was held, during which the following resolutions were adopted:

1. That this conference urges that the maternity benefit be made the property of the mother both in practice and in law.

¹ David Forsyth, M. D., "The Medical Inspection of Infants and Children under School Age."

2. That the attention of the board of education be drawn to the extreme desirability of making the grant earned by "recognized" infant welfare centers depend in future on their efficiency, on the number of registered attendances of the mothers at consultations, classes, and talks, and on the number of home visits paid under adequate supervision.

3. That, in view of the damage liable to be wrought in growing girls by injudicious stress of education, especially during puberty and adolescence, this conference feels bound to deprecate any form of education for girls which pays insufficient attention to establishing good bodily health and development and complete fitness for maternity and the practical care of a home.

4. That this conference urges upon the Government the necessity, in the interests of both mother and child, of legislating for the registration of stillbirths.

5. That this conference urges upon the Government the necessity for the more complete medical certification of death, and that the medical death certificates should be forwarded to the registrars, as confidential documents under sealed cover.

6. That the time has arrived for steps to be taken with a view to securing the better training of women who apply for the certificate of the central midwives' board.

7. That this conference requests the executive committee to communicate with the general medical council and the degree and license conferring bodies with a view to infant hygiene being given a more important place in the medical curriculum.

8. In view of the large percentage of stillbirths and infant deaths directly attributable to venereal diseases and considering that infant blindness and other congenital defects are in many cases due to the same cause, the English-speaking conference on infant mortality urges the respective Governments of the countries therein represented each to appoint a commission to inquire into the prevalence, the causes, the provision of treatment, and the possibility of the prevention of these diseases.

9. That the executive committee be instructed to take whatever steps they may think desirable in order to insure a microscopical examination of milk, to be supported by analytical methods.